

PARENT PERMISSION SLIP

Student Personal Safety Training

Parish/School: St. Michael's CFF City: Staunton

I give permission for my child _____
to participate in the Personal Safety Training Session.

I do not give permission for my child _____
to participate in the Personal Safety Training Session
through the program established at **St. Michael's Church**
The School/CFF program has offered to me a booklet
of child safety information, *Parent Guide to
Understanding and Preventing Child Sexual Abuse.*
*"Keeping Children Safe from Abuse: Tips for Parents and
Caregivers". Published by the Committee for Children.*

Parent(s) Signature

Date